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CONFIRMATION NO. 8189

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|---|---|------------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/526,235  | <b>FILING OR 371(c) DATE</b><br>08/30/2005<br><b>RULE</b>   | <b>CLASS</b><br>378                | <b>GROUP ART UNIT</b><br>2882   | <b>ATTORNEY DOCKET NO.</b><br>2542-00053 |                                |
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| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/FI03/00625 08/27/2003   |   |                                    |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>FINLAND 20021532 08/28/2002   |   |                                    |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>FINLAND | <b>SHEETS DRAWING</b><br>9  | <b>TOTAL CLAIMS</b><br>36                | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>26753   |   |                                    |   |  |                                |
| <b>TITLE</b><br>Method and arrangement for medical x-ray imaging and reconstruction from sparse data  |   |                                    |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1830  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |